

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Application Number	160821-785
Filing Date	04-08-2004
FEE NUMBERED ENVELOPE	ROBERT LUGGENDO
Att. List	37318
EXAMINER NAME	PEREZITO, ROBERT ERIC
Attorney Docket Number	160821-0001785

Please change the **Customer Address** for the **Customer** present application to:

10

[View](#) [Edit](#) [Delete](#) [Add New](#)

Address: Montgomery, Pa.

City Carson City **Sales** \$10,000

卷之三

1990-1991
1991-1992
1992-1993
1993-1994
1994-1995
1995-1996
1996-1997
1997-1998
1998-1999
1999-2000
2000-2001
2001-2002
2002-2003
2003-2004
2004-2005
2005-2006
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022
2022-2023
2023-2024

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use Request for Customer Number Data Change (PTO-88-124).

卷之三

- Applicant/Inventor

Absence of record of the entire invention
Statement under 37 CFR 1.75(e) is enclosed (Form PTO/SB/06)

Attorney or agent of record, Registration Number #2732 _____

Registered practitioner named in the application transmits his or her documents without an executed oath or declaration. See 37 CFR 1.75(d). Registration Number _____

• 10 •

Types of Pneumonia Michael A. Ross

— 1 —

—
—
—
—
—

ANSWER The answer is 1000. The first two digits of the product are 10.

the following year, he was appointed to the faculty of the University of Michigan, where he remained until his retirement in 1937.

TRANSMITTAL FORM

<p style="margin: 0;">(to be used for all correspondence sent via fax)</p> <p style="margin: 0;">Total Number of Pages in This Document:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Application Number</td> <td style="width: 33%; padding: 2px;">09221-701</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">04-26-2007</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Robert Luciano</td> </tr> <tr> <td style="padding: 2px;">Att. Use</td> <td style="padding: 2px;">1714</td> </tr> <tr> <td style="padding: 2px;">Customer Name</td> <td style="padding: 2px;">PIZZUOLO, ROBERT ERIC</td> </tr> <tr> <td style="padding: 2px;">Attorney, Agent or Representative</td> <td style="padding: 2px;">DGS 04 002 171</td> </tr> </table>	Application Number	09221-701	Filing Date	04-26-2007	First Named Inventor	Robert Luciano	Att. Use	1714	Customer Name	PIZZUOLO, ROBERT ERIC	Attorney, Agent or Representative	DGS 04 002 171
Application Number	09221-701												
Filing Date	04-26-2007												
First Named Inventor	Robert Luciano												
Att. Use	1714												
Customer Name	PIZZUOLO, ROBERT ERIC												
Attorney, Agent or Representative	DGS 04 002 171												

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Antidilution/Serial(s) <input type="checkbox"/> Correction of Title Request <input type="checkbox"/> Expenses Abatement/Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Party/ Incomplete Application <input type="checkbox"/> Reply to Missing Party under 37 CFR 1.82 or 1.83	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Reservation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CIVN <input type="checkbox"/> Landscape Format on CD	<input type="checkbox"/> After Alternative Consideration, Show to PTO <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to T.T. (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
REMARKS		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
First Name	Vivian legal, P.C.	
Signature		
Printed name	Michael R. Kast	
Date	June 26, 2007	Page No. 43-722

CERTIFICATE OF TRANSMISSION/MAILING		
<p>I hereby certify that this correspondence is being transmitted/referred to the USPTO or deposited with the United States Postal Service with sufficient postage so that it will be delivered as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p>		
Signature		
Typed or printed name	Michael R. Kast	Date June 26, 2007

This collection of information is required by 37 CFR 1.8. The information is required to construct a search by the patent office or to file a trademark application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.10 and 1.14. This document is estimated to 2 hours to complete. Persons gathering, compiling, and maintaining the commercial application may be liable under law. If you have comments about the individual laws, any comments or suggestions of how you would like to change the form should be submitted by mailing the comment to the Office of Intellectual Property Rights, U.S. Patent and Trademark Office, U.S. Department of Commerce, 401 D. Street SW, Alexandria, VA 22313-1450. DO NOT SEND THIS OR ANY RELATED DOCUMENTS TO THE ADDRESS BELOW. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.